

Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 4-4-2010

Address: US 31 at Long Rd

Case #: 42F30335#1

Columbus, IN 47201

County: Bartholomew

Type of Laboratory Seizure (check one)

- ☐ Operational Lab
☒ Chemical/Glassware/Equipment (only)
☐ Dumpsite (only)

Seizure Location (check all that apply)

- ☐ Residence ☐ Hotel/Motel
☐ Outbuilding ☐ Open – No Structure
☒ Vehicle ☐ Other: _____

Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): _____
☐ Red Phosphorous/Iodine Reaction(s): _____
☒ Flammable Solvents: Coleman fuel
☐ Water Reactive Metal (Lithium): _____
☒ Anhydrous Ammonia: tank
☐ Hydrochloric Acid Gas Generator(s): _____
☒ Corrosive Acid: Acid
☐ Corrosive Base: _____
☐ Other (item and location): _____

Child under age 18 discovered (check one)

- ☐ Yes _____ (number present)
☒ No

*If yes, fax report to Child Protective Services

Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log
☐ Retail/Merchant Tip
☒ Other: LEO Action

This report is to be faxed to the following agencies that serve the location:

Fire Department: CFD

Fax: _____

Health Department: Bartholomew Co HD

Fax: _____

Child Protection Service: n/a

Fax: _____

For further information regarding this methamphetamine laboratory, contact
Investigating Officer: Trp. Chip Ayers PE 6010 Phone 317-234-4591

** This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

*** This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.